V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

48
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32940

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4275

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2441 - AGNES AVENUE /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - - - (Specify whether

In this community 35 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2441 - AGNES AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country - - - -

3. (a) PRINT FULL NAME MRS. MARY CINDERELLA VEACH

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or ~~wife~~ MR CALVIN S. VEACH

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased MAY (Month) 19 (Day) 1863 (Year)

8. AGE: Years 82 Months 4 Days ~~28~~ 27 If less than one day ____ hr. ____ min.

9. Birthplace QUINCY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business - - - -

FATHER
12. Name JIM COOK
13. Birthplace DEEPWATER (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name EMMA LESTER
15. Birthplace UNKNOWN (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant MRS BERTIE BROOKS

(b) Address 2441 - AGNES AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-18-1945 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ CROWN HILL CEMETERY SEDALIA, MISSOURI

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 10-17-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 16TH year 1945 hour 2 minute 25 P. M.

21. I hereby certify that I attended the deceased from Oct 1, 1945, to Oct. 16, 1945; that I last saw her alive on Oct 16, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Haemorrhage	16 days
Due to: Arteriosclerosis	—
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83a

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. A. Williams (M. D. or other)

Address 5400 St John Ave Date signed 10/16/45

(Licensed Embalmer's Statement on Reverse Side) KC MO

5400 N. John

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed: Emile W. Colbourn

Licensed Embalmer No. 3506

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.